

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40215

State File No.

Registrar's No.

9947

JAN 24 1942

791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jewish Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether)  
In this community 34 yrs  
years, months or days)

3. (a) PRINT FULL NAME Sophie Heller

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Elias Heller 6. (c) Age of husband or wife if alive (unk) years  
7. Birth date of deceased unk  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
ab 52 hr. min.

9. Birthplace Volhynia Poland Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name David Jacob Rashticker  
13. Birthplace Poland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elka Rosa (unk)  
15. Birthplace Poland  
(City, town, or county) (State or foreign country)

16. (a) Informant Elias Heller

(b) Address 6306 Enright

17. (a) burial (b) Date thereof 12/16/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) Dec 16 1941 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6306 Enright  
(If rural, give location)  
(e) Citizen of foreign country? Alien #3965565 (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14  
year 1941 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12/5/41 to 12/14/41  
that I last saw h. er alive on 12/14/41  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral occlusion 9 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

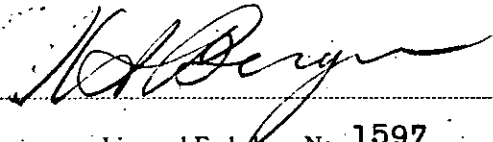
23. Signature [Signature] (M. D. or other) [Signature]  
Address 6306 Enright Date signed 12/15/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 1597

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**